

**Health Care Financing Administration
Agreement Application
Suggested Format**

**PROGRAM OF ALL-
INCLUSIVE CARE FOR THE
ELDERLY
*APACE®***

Department of Health and Human Services
Health Care Financing Administration
Center for Health Plans and Providers
Center for Medicaid and State Operations

May 2000

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY ~ PACE

INTRODUCTION

PREPARATION OF THE APPLICATION

This computer-assisted format is for IBM compatible personal computers using MS Word 97 or later. The diskette file README.NOW contains important information such as last-minute changes and a list of files on the diskette. Please see the technical instructions included within this application for working on the application. Please note that the attached application form is a suggested format for complying with the regulations; additional formats will be accepted. However, to assure consistent information from applicants and an efficient review process, you are encouraged to use these forms.

INFORMATION FOR APPLICANTS

Priority Consideration (' 460.14)

Priority consideration will be given through August 5, 2000 to those applications to entities operating under the PACE demonstration waivers under the authority of section 603 (c) of the Social Security Amendments of 1983, as extended by section 9220 of COBRA of 1985, or section 9412 (b) of the OBRA of 1986. Priority will also be given to entities that applied to operate under a PACE demonstration waiver under section 9412 of the OBRA of 1986 as of May 1, 1997.

To give priority in processing applications from entities that meet this criteria, HCFA will accept applications only from these entities beginning on the effective date of the regulation and continuing for 45 days. Applications from other entities will not be accepted during this period. During the subsequent 45 days, extending to 90 days after the effective date of this regulation, we will continue to accept applications from entities that meet the priority processing criteria and we will also accept applications from entities that qualify for special consideration.

Indicate whether this application should be given priority consideration on the cover sheet.

Special Consideration (' 460.16)

Special consideration will be given through August 5, 2000, to entities that, as of May 1, 1997, indicated a specific intent to become a PACE organization through formal activities, such as entering into a contract to conduct a PACE feasibility study.

Applications from these entities will be accepted beginning 45 days after the effective date of the regulation. During the 45 day period that extends from the 45 days after the effective date to 90 days after the effective date, HCFA will accept applications only from entities that meet the priority processing criteria or entities that qualify for special consideration. Applications from other entities will not be accepted during this period.

Applications from entities that believe they are entitled to special consideration must include information regarding the formal activities they engaged in towards becoming a PACE organization.

Indicate whether this application should be given special consideration on the cover sheet.

REFERENCE MATERIALS

Information requested in this application is based on Sections 1894 and 1934 of the Social Security Act, as added by P.L. 105-33, and the regulations at 42 CFR Part 460.2 - 460.210.

Materials needed for the financial projections may be purchased as follows:

- C For the financial report forms, call Global Financial in Philadelphia, 215-977-7300 ext.129, Jeanne Sokolak or Ron Moore, and ask for the Annual Statement Blanks for HMOs.
- C For the instructions, call the National Association of Insurance Commissioners, Publications office, at 816-783-8400, and ask for the Annual Statement Instructions for HMOs.

NOTE: It is the responsibility of the PACE organization and the State Administering Agency to validate the information contained in each application.

GENERAL INSTRUCTIONS

To clarify any question, refer to the regulation upon which it is based. A regulatory citation is provided after each question.

A completed application includes:

1. Cover Sheet with the appropriate signatures
2. Table of Contents for the Narrative part
3. Table of Contents for Documents part
4. Narrative part, with each question copied and brief and precise answers, divided into chapters
5. Documents part, arranged by chapters; this part should follow the Narrative. Materials such as marketing brochures and booklets should be inserted in envelopes in the appropriate places in the application. The envelope should be numbered as a single page.

Number all pages consecutively from the Narrative through the entire Documentation part. Use a page number when referring to any document. If pages must be inserted after numbering has been completed, additional pages may be noted by A, B, C, etc.

TABLES: Within the application, you will be directed to place tables in specific places within the Narrative chapters. For those using the computerized application, placement will be automatic; otherwise, you may insert the tables at the end of each chapter. Include the completed tables as separate files on the diskette you will be submitting..

PRINTING AND BINDING: Both sides of the page should be used. Tabs should be inserted for each chapter of the Narrative and Documents parts. Each copy should be put in three-ring looseleaf binders. A typical application is two three-inch binders.

NUMBER OF COPIES: Send 7 hard copies and 3 diskette copies of your application to the State Administering Agency in addition to the numbers of copies required by the State agency.

ASSISTANCE: Assistance is available to all applicants in the preparation of this application. You may call Ms. Terry Pratt at 410-786-5831 at the Health Care Financing Administration.

TECHNICAL INSTRUCTIONS

Using the computer assisted format, you will need only to fill in responses in the Narrative part and the applicable tables. For the Documents part, you will need to assemble the documents as directed within the application form and General Instructions. The Documents part does not have a computer assisted format.

SYSTEM REQUIREMENTS: An IBM or compatible personal computer with high density floppy drive, and MS Word 97 or later.

The computerized application was designed using a 12-point Times New Roman *proportionally-spaced* font. Other printers may have comparable fonts such as Times Roman, Dutch 801 Roman, Charter, etc., and these fonts should be suitable, but may format pages slightly differently.

INSTALLATION: After downloading the application files, be sure they are all on a separate directory. Save one set of files as the original >blank= forms and a second set of the completed files. As a safeguard, copy the files onto a separate floppy disk so you will have a back-up in the event of a hard disk problem.

COMPLETION OF THE APPLICATION: After installation, the next step is the completion of the application itself on the computer's hard disk within the PACE directory.

The files supplied are MS Word documents: *paceapp.doc*, *paceinsu.doc*; *pacehsd.doc*, *pacesetu.doc*, and *paceread.doc*, which includes a description of each file.

To insert your responses in the Narrative chapters, simply position the cursor at the appropriate point for answering the question, and type in the answer. The rest of the application will "bump down" as you type, providing you as much space as needed.

Several tables are provided as separate files on the disk and should be filled in at their separate location. These are coded for small print size. (See Table Management below.) The Narrative sections instructs you on where to place hard copies.

Be sure to resave the document frequently as you progress.

TABLE MANAGEMENT: If you need copies of a table, you should create multiple blank tables within the same file, being sure to place a hard page break between each table. You can use the copy and past functions to accomplish this task. Save the entire file, now containing two or more tables, with the original file name.

Repeat this process each time you need multiple tables within a single file.

PAGINATION is completely automatic within the Narrative part, so the user should not attempt to type in page numbers as ordinary text.

A NARRATIVE TABLE OF CONTENTS at the beginning of the application is created or updated every time you generate the Table of Contents. (See instructions below.) You should create or update the Table of Contents as the last step before actually printing the application for submission.

After you have created a Table of Contents within a document, any subsequent editing, no matter how minor, may alter the page numbering in the Table. For that reason, before you print your final version, regenerate a final Table of Contents.

PRINTING THE APPLICATION FOR SUBMISSION:

To generate the Table of Contents for the Narrative part, **place the curser at the immediate left** of the word 'Chapter 1' on the Narrative Table of Contents page. Then:

click on **Insert** on the menu bar

select **Indexes and Tables...**

click on **Table of Contents** tab – the following should be selected:

check on **show page numbers** and **right align page numbers**

select **Tab leader ...**; select **Format 'from template'** ; **Show levels** should be **2**

click on **OK**; when asked if you want to replace the table of contents, select **yes**

To add the page numbers for the Documents table of contents, place cursor at the end of each line (using the End key) and type in the page number. Do not press enter, just place the cursor at the end of the next line for the next page entry.

Save the end result as XXXXXXXX.doc, with the Xs being an abbreviated applicant name.

When you are ready to submit your application, copy all completed files from the PACE directory on your hard disk to a blank diskette. Be certain not to further edit any file, either on hard disk or diskette to assure that the printed copy is identical to the diskette copy. Print each file and compile as directed in the narrative.

Submit both the diskette and hard copies as directed in the general instructions. Please clearly label the diskette with the applicant's name, date, and type of application.

GENERAL GUIDELINES FOR SUCCESS: Throughout the application, there are references to documents that are separate files on disk. Most of these files should be printed and placed in the hard copy of the application as directed, usually in a Documents part. However, simply leave the files as individual files on the diskette. Do not integrate the files into the application file on the diskette.

! *Each file deals with a specific topic only. Don't append material to any file that belongs elsewhere.*

! *Edit each file under its own file name.*

! *The files supplied have both visible and invisible Word codes. Don't delete any of these codes. Don't attempt to replace these files with new ones of your own creation (the codes will be lost).*

! *Pagination is automatic in the Narrative part; do not attempt to insert page numbers as text.*

This procedure is harder to describe than to perform -- it is not as complicated as it may seem!

THE APPLICATION FORM FOLLOWS THIS PAGE

**DO NOT SUBMIT THE PREVIOUS PAGES
IN THE PRINTED COPY OF YOUR APPLICATION**

**HEALTH CARE FINANCING ADMINISTRATION
CENTER FOR HEALTH PLANS AND PROVIDERS
CENTER FOR MEDICAID AND STATE OPERATIONS
AGREEMENT APPLICATION
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY ~ *PACE***

NAME OF LEGAL ENTITY TRADE NAME (if different)	MAILING ADDRESS
AREA CODE TELEPHONE NO. EXTENSION	FAX
CEO OR EXECUTIVE DIRECTOR: NAME AND TITLE TELEPHONE NUMBER	MAILING ADDRESS
APPLICANT CONTACT PERSON: NAME TITLE ADDRESS E-MAIL FAX TELEPHONE NUMBER	ELIGIBLE FOR PRIORITY PROCESSING? YES ____; NO ____ IF YES, JUSTIFICATION MUST BE ATTACHED ELIGIBLE FOR SPECIAL CONSIDERATION? YES ____; NO ____ IF YES, JUSTIFICATION MUST BE ATTACHED
<p>I certify that all information and statements made in this application are true, complete, and current to the best of my knowledge and belief and are made in good faith.</p> <div style="display: flex; justify-content: space-between;"> <div>Signature, CEO / Executive Director</div> <div>Date</div> </div>	

STATE CERTIFICATION FORM

Note: It is the responsibility of the PACE organization and the State Administering Agency to validate the information contained in each application. The Director of the State Administering Agency must sign this certificate and submit it to HCFA along with the complete PACE Organization application.

I certify that the entity described in this application is qualified to be a PACE provider.

I certify that the State of _____ is willing to enter into a program agreement with the entity described in this application.

I certify that this PACE Organization will have an enrollment limit of _____ participants.

Printed name and title

Signature

Date

NARRATIVE PART TABLE OF CONTENTS

The table of contents for the completed application is placed after the cover sheet.

For computerized application users: each chapter and subsection title within the Narrative part is marked for automatic generation of the table of contents on this page. That table appears below with page numbering that reflects a "blank" application. The numbers will change when you generate the table again for the completed application. Please follow the directions in the Technical Instructions to generate the table for the Narrative Part. Note that the table of contents for the Documents Part is not generated automatically, and is to be manually filled in after the table for the Narrative.

<u>Chapter 1 ~ GENERAL INFORMATION & ORGANIZATIONAL</u>	1
I. <u>SUMMARY DESCRIPTION</u>	1
II. <u>SERVICE AREA</u>	1
III. <u>NON-PROFIT STATUS</u>	1
IV. <u>ORGANIZED UNDER STATE LAW</u>	1
V. <u>LEGAL ENTITY</u>	1
VI. <u>ORGANIZATIONAL STRUCTURE</u>	1
VII. <u>GOVERNING BODY</u>	2
VIII. <u>CONSUMER ADVISORY COMMITTEE</u>	2
<u>Chapter 2 ~ PACE ADMINISTRATION</u>	3
I. <u>PERSONNEL QUALIFICATIONS</u>	3
II. <u>TRAINING</u>	3
III. <u>PROGRAM INTEGRITY</u>	3
IV. <u>CONTRACTED SERVICES</u>	4
V. <u>PHYSICAL ENVIRONMENT</u>	4
VI. <u>TRANSITIONAL CARE DURING TERMINATION</u>	6
<u>Chapter 3 ~ FINANCIAL</u>	7
I. <u>FISCAL SOUNDNESS</u>	7
II. <u>FINANCIAL PROJECTIONS</u>	7
III. <u>INSOLVENCY</u>	8
IV. <u>FINANCIAL RISK</u>	9
<u>Chapter 4 ~ MARKETING</u>	10
I. <u>MARKETING</u>	10
II. <u>MARKETING PROJECTIONS</u>	10
<u>Chapter 5 ~ PACE SERVICES</u>	11
I. <u>REQUIRED SERVICES</u>	11
II. <u>SERVICE DELIVERY</u>	11
III. <u>PACE CENTERS</u>	11
IV. <u>EMERGENCY CARE</u>	11

V.	<u>MULTIDISCIPLINARY TEAM</u>	11
VI.	<u>PARTICIPANT ASSESSMENT</u>	13
VII.	<u>REASSESSMENTS</u>	13
VIII.	<u>PLAN OF CARE</u>	14
<u>Chapter 6 ~ PARTICIPANT RIGHTS</u>		15
I.	<u>BILL OF RIGHTS</u>	15
II.	<u>EXPLANATION OF RIGHTS</u>	15
III.	<u>RESTRAINTS</u>	15
IV.	<u>GRIEVANCE AND APPEAL PROCESSES</u>	15
<u>Chapter 7 ~ QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT</u>		16
I.	<u>QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT PLAN</u>	16
II.	<u>MINIMUM REQUIREMENTS FOR QAPI</u>	16
III.	<u>INTERNAL QAPI ACTIVITIES</u>	17
IV.	<u>COMMITTEES WITH COMMUNITY INPUT</u>	17
V.	<u>ADDITIONAL QUALITY ASSESSMENT ACTIVITIES</u>	18
<u>Chapter 8 ~ PARTICIPANT ENROLLMENT AND DISENROLLMENT</u>		19
I.	<u>ELIGIBILITY TO ENROLL</u>	19
II.	<u>ENROLLMENT PROCESS</u>	19
III.	<u>ENROLLMENT AGREEMENT</u>	19
IV.	<u>OTHER ENROLLMENT PROCEDURES</u>	19
V.	<u>VOLUNTARY DISENROLLMENT</u>	20
VI.	<u>INVOLUNTARY DISENROLLMENT</u>	20
VII.	<u>REINSTATEMENT IN OTHER MEDICARE/MEDICAID PROGRAMS</u>	20
VIII.	<u>REINSTATEMENT IN PACE</u>	20
IX.	<u>DOCUMENTATION OF DISENROLLMENT</u>	20
<u>Chapter 9 ~ PAYMENT</u>		21
I.	<u>PAYMENT TO PACE PROVIDERS</u>	21
II.	<u>MEDICARE AS SECONDARY PAYOR</u>	21
<u>Chapter 10 ~ DATA COLLECTION, RECORD MAINTENANCE & REPORTING</u>		22
I.	<u>MAINTENANCE OF RECORDS & REPORTING DATA</u>	22
II.	<u>PARTICIPANT HEALTH OUTCOMES DATA</u>	22
III.	<u>FINANCIAL RECORD KEEPING & REPORTING</u>	22
IV.	<u>MEDICAL RECORDS</u>	22

DOCUMENTS PART TABLE OF CONTENTS*

GENERAL INFORMATION & ORGANIZATION

Map of geographic area.....	
Evidence of Private, Not-for-profit Status.	
State Approval for D.B.A.	
Articles of Incorporation, By-laws.....	
Waivers for governing body	

PACE ADMINISTRATION

Staff resumes	
Contracts for patient care	
List of Contracts.....	

FINANCIAL

Certified audits.....	
Unaudited statements	
Financial Statements of guarantors/lenders.....	
Annual Report.....	
Financial projections.....	
Insolvency documents	
Insurance table	

MARKETING

Marketing materials	
Marketing plan.....	

PACE SERVICES

PACE services table.....	
Specimen plan of care	

BILL OF PARTICIPANT RIGHTS

Bill of Participant Rights.	
Formal, written grievance and appeal processes.....	
Information distributed to participants on grievances and appeals.....	

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PLAN

Copy of QAPI Plan.....	
Copies of pertinent organizational policies and procedures.....	

PARTICIPANT ENROLLMENT AND DISENROLLMENT

Documentation of enrollment/disenrollment process	
Enrollment agreement	
PACE membership card, emergency notification information, stickers for Medicaid/Medicare cards	
PACE Disenrollment forms	

PAYMENT

PACE set-up forms	
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DATA COLLECTION, RECORD MAINTENANCE AND REPORTING

Procedures for Release of Medical Record Information.	
Participant Consent Form for Release of Information.....	

*For computerized application users: To add the page numbers for the Documents table of contents, place cursor at the end of each line (using the End key) and type in the page number. Do not press ENTER, just place the cursor at the end of the next line for the next page entry.

Chapter 1 ~ *GENERAL INFORMATION & ORGANIZATIONAL*

I. SUMMARY DESCRIPTION

Briefly describe the organization in terms of its history and its present operations. Cite significant aspects of its current financial, marketing, general management, and health services delivery activities. (Do not include information requested in the Legal Entity section.) Please include the extent of the current Medicare/Medicaid population served by the applicant, if any, and the maximum number of PACE participants that could be served.

II. SERVICE AREA (' 460.22)

Describe the service area the PACE Organization is requesting. The area may be identified by county, zip code, street boundaries, census tract, block or tribal jurisdiction. Provide a detailed map (with a scale) of the complete geographic area clearly showing the boundaries, main traffic arteries, any physical barriers such as mountains and rivers. Show location of the PACE center and hospital providers which will serve PACE participants. Show on map the mean travel time from six points on the geographic area boundary to the nearest ambulatory and institutional services site. Place the map in the Documents part.

III. NON-PROFIT STATUS (' 460.60)

Supply evidence in the Documents part that the PACE Organization is either an entity of city, county, State or tribal government or a private, not-for-profit entity organized for charitable purposes under Section 501 (c)(3) of the Internal Revenue Code.

IV. ORGANIZED UNDER STATE LAW (' 460.60)

Describe how the PACE Organization is organized under State law. If the PACE Organization does business as (d.b.a.) a name or names different from the name shown on its articles of incorporation, provide such name(s) and include a copy of State approval for the d.b.a.(s) in the Documents part.

Provide the name the PACE Organization will use for its PACE Program.

V. LEGAL ENTITY (' 460.60)

Provide a copy of any articles of incorporation, bylaws and other legal entity documentation for the PACE Organization in the Documents part.

VI. ORGANIZATIONAL STRUCTURE (' 460.60)

- A. Provide a current organizational chart of the PACE Organization showing officials in the PACE Organization and relationships to any other organizational entities. Place the chart at the end of this chapter.
- B. If the PACE Organization is a corporate entity, describe the PACE Organization's relationship to the corporate board and to any parent, affiliate or subsidiary corporate entities.

VII. GOVERNING BODY (' 460.62)

- A. Describe the governing body of the PACE Organization and explain its oversight authority of the following functions:
 1. Governance and operation.
 2. Management and provision of all services, including the management of subcontractors.
 3. Fiscal operations.
 4. Personnel policies.
 5. Development of policies on participant health and safety.
 6. Quality assessment and performance improvement program.
- B. Provide a current list of the members of the Board of Directors. Indicate which member will serve as a liaison between the governing board and HCFA and the State, and include that person's phone number. Indicate which, if any members, are consumer representatives.

<u>Name</u>	<u>Title</u>	<u>Representation</u>
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VIII. CONSUMER ADVISORY COMMITTEE (' 460.62)

Describe the membership and the operations of the Consumer Advisory Committee that provides advice to the governing board on matters of concern to participants.

Chapter 2 ~ PACE ADMINISTRATION

I. PERSONNEL QUALIFICATIONS (' 460.64)

A. Indicate the individuals responsible for key functions.

Staff Function	Name	Title	Employed By	Percent of Time for Plan
Program Director				
Quality Assurance				
Finance				
Marketing				
Medical Director				

B. Provide brief position descriptions and resumes for the individuals listed above in the Documents part.

II. TRAINING (' 460.66)

A. Explain the training program of the PACE Organization. [Provide training manuals at the site visit.]

B. Describe the training program for personal care attendants.

III. PROGRAM INTEGRITY (' 460.68)

A. Indicate the process used to ensure that PACE Organization employees and contractors:

1. Have not been convicted of criminal involvement in Medicaid, Medicare, other health insurance or health care programs, or social service programs under Title XX of the Social Security Act.
2. Have not been excluded from participation in the Medicare or Medicaid programs, or debarred from Federal agencies.

3. Are not employed in any capacity where an individual's contact with participants would pose a potential risk because the individual has been convicted of physical, sexual, drug or alcohol abuse.
- B. How does the PACE Organization assure that no member of the governing body or any of the board members= immediate family members have a direct or indirect interest in any contract that supplies any administrative or care-related services or materials to the PACE Organization?

If the PACE Organization is a rural, tribal or urban Indian organization, is a waiver of this restriction being sought? If yes, include a justification in the Documents part that:

- z identifies the rural, tribal or urban Indian community;
- z indicates recusal restrictions for each member of the PACE Organization's governing body or immediate family member(s) to which the waiver would apply;
- z indicates a process that will be used to record recusal actions on a case-by-case basis; and
- z indicates the process that will be used to make available to the public the general recusal restrictions and record of actions.

- C. Describe the formal process in place to ensure continuing compliance with A. and B.

IV. CONTRACTED SERVICES (' 460.70)

- A. Provide the name of the employee who will serve as the official liaison to coordinate activities between contractors and the PACE Organization.
- B. Provide a copy in the Documents part of each signed contract the PACE Organization has entered into for inpatient care.
- C. Provide a copy in the Documents part of the list, kept on file at the PACE Center, of all administrative and care-related contractors.
- D. Provide a copy of a sample contract for specialty care.
- E. Describe the process the PACE Organization will use to ensure that contracts and contractors meet PACE Program requirements.

V. PHYSICAL ENVIRONMENT (' 460.72)

- A. Describe how the PACE Organization ensures that the PACE Center:
 1. Is designed, constructed, equipped and maintained to provide for the physical safety of participants, personnel and visitors.

2. Will provide a functional, accessible and comfortable environment for the delivery of services that protects the dignity and privacy of the participant.
3. Will establish, implement and maintain a written plan to ensure that all equipment is maintained in accordance with manufacturer's recommendations.
4. Meets the occupancy provisions of the most recent edition of the Life Safety Code of the National Fire Protection Association.

If the PACE Organization is requesting that HCFA waive a specific provision of the Life Safety Code which, if rigidly applied, would result in unreasonable hardship on the Center, provide justification that the requested waiver does not adversely affect the health and safety of the participants and staff.

B. Emergency readiness - describe how the PACE Organization ensures that:

1. It will establish, implement, and maintain documented procedures to manage medical and nonmedical emergencies and disasters.
2. It provides appropriate orientation and periodic training to all staff and participants on emergency preparedness and procedures.
3. Emergency equipment and staff who know how to use the equipment are on the PACE Center premises at all times.
4. It has a documented plan to obtain emergency medical assistance from sources outside the PACE Center when needed.
5. At least annually, it will test, evaluate and document the effectiveness of its emergency and disaster plans.

C. Other Health and Safety Issues (' 460.74 - 460.78) -- Describe how the PACE Organization assures that:

1. It has an Infection Control Plan that will ensure a safe and sanitary environment and prevent and control the transmission of disease and infection.
2. Transportation equipment is safe and properly maintained and communication equipment is provided in all vehicles.
3. Training is provided to transportation personnel, whether employees or contractors.

4. Relevant changes in a participant's care plan will be communicated to transportation personnel.
5. Nourishing, palatable, well-balanced meals are provided that meet the daily nutritional and dietary needs of each participant.

VI. TRANSITIONAL CARE DURING TERMINATION (' 460.52)

Provide the PACE Organization's written plan for phase-down of the PACE program including transitional care for participants.

Chapter 3 ~ *FINANCIAL*

I. FISCAL SOUNDNESS (' 460.80(a))

- A. Describe any reserve requirements and other financial requirements set by the State in which the PACE Organization operates and demonstrate how the entity meets these requirements. Include any supporting documentation, as necessary.
- B. In the Documents part, provide independently certified audited financial statements for the three most recent fiscal year periods or, if operational for a shorter period of time, for each operational fiscal year. If the PACE program is a line of business of the applicant, it should provide audited statements relating to the legal entity. Audits are to include:
 - 1. Opinion of a certified public accountant.
 - 2. Statement of revenues and expenses.
 - 3. Balance sheet.
 - 4. Statement of cash flows.
 - 5. Explanatory notes.
 - 6. Management letters.
 - 7. Statements of changes in net worth.
 - 8. Actuarially certified statement of incurred but not reported claims.
- C. In the Documents part, provide a copy of the most recent unaudited financial statement of the entity.
- D. In the Documents part, provide independently certified audited financial statements of guarantors, and lenders (organizations providing loans, letters of credit or other similar financing arrangements, excluding banks).
- E. If the entity is a public corporation or subsidiary of a public corporation, provide in the Documents part the most recent Annual Report pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934, Form 10-K.

II. FINANCIAL PROJECTIONS¹

In the Documents part, provide financial projections for a minimum of one year from the date of the latest submitted financial statement. Give projections from this date through one year beyond break-even. Describe financing arrangements and include all documents supporting these

¹ See the reference in the Introduction for the sources for purchasing the NAIC report forms and the instructions for completing the forms.

arrangements for any projected deficits. There must be evidence of financing arrangements for any projected deficit. (If the PACE organization has reached break-even, provide projections from this date until one year from anticipated date of execution of contract.)

Financial projections should be prepared using the accrual method of accounting in conformity with generally accepted accounting principles. Prepare projections using the pro-forma financial statement methodology. *For a line of business, assumptions need only be submitted to support the projections of the line.* Projections must include the following:

Quarterly balance sheets for the applicant, using the National Association of Insurance Commissioners (NAIC) Financial Report #1 format.

Quarterly statements of revenues and expenses for the legal entity, using NAIC Financial Report #2 format. *In cases where the plan is a line of business, the applicant should also complete a statement of revenue and expenses for the line-of-business.* Give projections in gross dollars as well as on a per member per month basis. Quarters should be consistent with standard calendar year quarters. Include year end totals. If an organization has a category of revenue and/or expense that is not included in the present definitions, provide an explanation.

Quarterly Statements of Cash Flows, using the NAIC Financial Report #3 format.

Statement and Justification of Assumptions - State major assumptions in sufficient detail to allow an independent financial analyst to reconstruct projected figures using only the stated assumptions. Include operating and capital budget breakdowns.

Stated assumptions should address all periods for which projections are made and include inflation assumptions. Details of minor assumptions will be verified on site. Justify assumptions to the extent that a knowledgeable reviewer would be convinced that they are reasonable. Base justification on such factors as the applicant's experience, the experience of other health plans. Describe hospital and health professional costs and utilization in detail.

III. INSOLVENCY (' 460.80(b))

- A. Describe the PACE Organization's provisions for the event of insolvency that include:
 - 1. The continuation of benefits for the duration of the period for which capitation payment has been made;
 - 2. Continuation of benefits to participants who are confined in a hospital on the date of insolvency until their discharge; and
 - 3. Protection of participants from liability for payment of fees that are the legal obligation of the PACE Organization.
- B. Provide documents in the Documents part that demonstrate the PACE Organization can, in the event it becomes insolvent, cover expenses of at least the sum of one month's total capitation revenue to cover expenses the month prior to insolvency and one month's

average payment to all contractors, based on the prior quarter's average payment, to cover expenses the month after the date insolvency is declared or operations cease.

(Arrangements to cover expenses may include, but are not limited to, insolvency insurance or reinsurance, hold harmless arrangements, letters of credit, guarantees, net worth, restricted state reserves or State law provisions.)

IV. FINANCIAL RISK

Insurance Protection: Use the Insurance Table to summarize insurance or other arrangements for major types of loss and liability. Complete the table *paceinsu.doc* in its file on the disk and place the hard copy in the Documents part.

Chapter 4 ~ *MARKETING*

I. MARKETING (' 460.82)

- A. Provide copies of all marketing materials distributed by the PACE Organization in the Documents part.
- B. Explain the process the PACE Organization uses to provide the public and prospective participants the following information about the PACE program:

Item of Information	Process for Providing Information
Description of enrollment and disenrollment policies and requirements	
Enrollment procedures/Intake process	
Description of benefits and services	
Premiums	
Other information necessary for prospective participants to make an informed decision about enrollment	

- C. How does the PACE Organization ensure that its employees or its agents do not use prohibited marketing practices.

II. MARKETING PROJECTIONS

Provide in the Documents part a marketing plan with measurable enrollment objectives and a system for tracking effectiveness.

Chapter 5 ~ *PACE SERVICES*

I. REQUIRED SERVICES (' 460.92/94)

Complete the table for PACE required health services. This file is *pacehsd.doc*. Place this table in the Documents part.

II. SERVICE DELIVERY (' 460.98)

Briefly describe how the PACE Organization ensures that it will establish and implement a written plan to provide care that meets the needs of each participant in all care settings 24 hours a day, 365 days a year, including medical, health, and social services that integrate acute and long-term care, at the PACE Center, the participant=s home, and inpatient facilities. Explain policies and procedures for participant transfers to another treatment setting.

III. PACE CENTERS (' 460.98)

- A. Describe the location(s) of the PACE Center(s) in relation to its defined service area and whether there will be sufficient capacity to allow routine attendance by participants.
- B. What is the capability to increase the number of PACE centers, staff or other PACE services when necessary to provide for accessible and adequate services for participant.
- C. How does the PACE Organization ensure that the frequency of a participant=s attendance at a center is determined by the multidisciplinary team, based on the needs and preferences of each participant.

IV. EMERGENCY CARE (' 460.100)

- A. Provide the PACE Organization=s written plan to handle emergency care.
- B. Describe the procedure the PACE Organization will follow to:
 - 1. Explain how to recognize emergency care to each participant.
 - 2. Ensure that the participant or caregiver, or both, understand how to access emergency care.

V. MULTIDISCIPLINARY TEAM (' 460.102)

- A. Describe the process for assigning each participant to a multidisciplinary team functioning at the PACE center that the participant attends.
- B. Identify all multidisciplinary team members:

Discipline	Name	Employee of PACE Organization?	Serve Primarily PACE Participants?
Primary Care Physician			
Registered Nurse			
Social Worker			
Physical Therapist			
Occupational Therapist			
Recreational Therapist or Activity Coordinator			
Dietitian			
PACE Center Manager			
Home Care Coordinator			
Personal Care Attendant			
Driver			
Other			

- C. Is the PACE Organization seeking a waiver of the requirement that: the primary care physician must be an employee of the PACE Organization? If so, attach justification for the waiver.
- D. Is the PACE Organization seeking a waiver of the requirement that all members of the multidisciplinary team serve primarily PACE participants? If Ayes,@ attach justification for the waiver.
- E. Describe how the PACE Organization assures that each multidisciplinary team member will:
1. Regularly inform other team members of the medical, functional, and psychosocial condition of each participant.
 2. Remain alert to pertinent input from other team members, participants, and caregivers.
 3. Ensure that documentation and communications about changes in a participant=s condition are included in the participant=s medical record.
- F. What are the procedures that assure confidentiality in the exchange of information between team members, contractors, and participants and their caregivers.

VI. PARTICIPANT ASSESSMENT (' 460.104)

Explain the PACE Organization's procedures that assure that the multidisciplinary team will perform the following:

- A. Conduct an initial comprehensive assessment on each participant, to be completed promptly following enrollment.
- B. Promptly consolidate discipline-specific assessments into a single plan of care for each participant.
- C. Inform female participants that they are entitled to choose a qualified specialist for women's health services from the PACE Organization's provider network to furnish routine or preventive women's health services.

VII. REASSESSMENTS (' 460.104)

- A. Explain the PACE Organization's procedures that assure that, beyond regularly scheduled reassessments, participants will be reassessed whenever their health or psychosocial status changes or at the request of the participant or designated representative. Include the following:
 - z Reevaluate the participant's plan of care.
 - z Discuss any changes in the plan of care with the multidisciplinary team.
 - z Obtain approval of the revised plan from the multidisciplinary team and the participant or their designated representative.
 - z Document all assessment and reassessment information in the participant's medical record.
 - z Furnish any services included in the revised plan of care as a result of a reassessment to the participant as expeditiously as the participant's health condition requires.
 - z Discuss procedures if a participant's or designated representative's request is denied.
- B. Complete the following chart showing which multidisciplinary team members will be participating in annual and semiannual reassessments.

Multidisciplinary Team Member	Annual Reassessments	Semiannual Reassessments

VIII. PLAN OF CARE (' 460.106)

- A. In the Documents part, include a specimen plan of care that will specify the care needed as identified in the initial comprehensive assessment and identifies measurable outcomes to be achieved.
- B. Explain the process the team will use to monitor the participant's health and psychosocial status, as well as the effectiveness of the plan of care, through the provision of services, informal observation, input from participants or caregivers, and communications among members of the multidisciplinary team and other providers.
- C. Explain the process the multidisciplinary team members will use to implement, coordinate and monitor the plan of care, whether services are furnished by PACE employees or contractors.
- D. Explain the process the multidisciplinary team members will use to reevaluate the plan of care on at least a semi-annual basis, including defined outcomes, and make changes as necessary.
- E. Explain the process the multidisciplinary team members will use to document the plan of care, and any changes made to it, in the participant's medical record.
- F. Describe how the participant or caregiver or both are brought into the care planning process.

Chapter 6 ~ *PARTICIPANT RIGHTS*

I. BILL OF RIGHTS (' 460.110-112)

In the Documents part, provide a copy of the Bill of Participant Rights.

II. EXPLANATION OF RIGHTS (' 460.112, 116-118)

- A. Summarize policies and procedures for informing participants of their rights and ensuring they understand those rights.
- B. Identify any principal languages other than English used in the service area. Explain how translator services will be obtained for these languages and how any additional translator/interpreter services will be obtained as needed.
- C. Explain policies and procedures for informing participants about advance directives.
- D. Summarize policies and procedures for informing staff (including contracted employees) of participant rights and ensuring staff understand those rights.
- E. Summarize policies and procedures for promoting the exercise of participant rights and for identifying, responding to, and rectifying violations of rights.

III. RESTRAINTS (' 460.114)

Describe the PACE Organization's policies and procedures regarding the use of restraints.

IV. GRIEVANCE AND APPEAL PROCESSES (' 460.120 - 460.124)

- A. How does the PACE Organization assure that it will protect the confidentiality of a participant's grievances and appeals.
- B. Provide a copy of the formal written grievance process and the formal written appeal process in the Documents part.
- C. Provide a copy of the information on grievances and appeals that will be provided to participants in the Documents part.
- D. Describe how aggregate grievance proceedings and appeal data will be maintained and analyzed.
- E. Describe the process for informing participants of their additional appeal rights under Medicare and/or Medicaid, including the process for filing further appeals.

Chapter 7 ~ *QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT*

I. QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT PLAN (' 460.132)

- A. Provide a copy of the PACE Organization's QAPI Plan that reflects the full range of services provided and any pertinent organizational policies and procedures in the Documents part.
- B. Has the Plan been approved and/or revised by the Board of Directors?
- C. Describe the specific ways the PACE Organization's QAPI plan meets the following requirements:
 - z Complies with the Bill of Participant Rights.
 - z Identifies areas in which to improve or maintain the delivery of services and patient care.
 - z Develops and implements plans of action to improve or maintain quality of care.
 - z Documents and disseminates to PACE staff and contractors the results from the QAPI program.

II. MINIMUM REQUIREMENTS FOR QAPI (' 460.134)

- A. Describe the methodology the PACE Organization has established to demonstrate how objective measures are utilized to demonstrate improved performance with regard to the following:
 - 1. Utilization of PACE services, such as decreased inpatient hospitalizations and emergency room visits.
 - 2. Caregiver and participant satisfaction.
 - 3. Outcome measures that are derived from data collected during assessments, including data on the following: physiological well being, functional status, cognitive ability, social/behavioral functioning, and quality of life of participants.
 - 4. Effectiveness and safety of staff-provided and contracted services, including the following: competency of clinical staff, promptness of service delivery, achievement of treatment goals and measurable outcomes.
 - 5. Nonclinical areas, such as grievances and appeals, transportation services, meals, life safety and environmental issues.
- B. Specify the clinical practice guidelines and professional practice standards on which the PACE Organization's outcome measures are based.

- C. Describe how the PACE Organization ensures that it meets or exceeds minimum levels of performance, established by HCFA and the State, on standardized quality measures which are specified in the PACE program agreement.
- D. Describe how the PACE Organization ensures that all data used for outcome measures are collected timely and are accurate and complete.

III. INTERNAL QAPI ACTIVITIES (' 460.136)

- A. Describe how the PACE Organization meets the following QAPI requirements:
 - 1. Uses a set of outcome measures to identify areas of exemplary or problematic performance.
 - 2. Takes actions targeted at maintaining or improving care based on outcome measures.
 - 3. Incorporates actions resulting in performance improvement into standards of practice for the delivery of care and periodically tracks performance to ensure that any performance improvements are sustained over time.
 - 4. Sets priorities for performance improvement, considering prevalence and severity of identified problems and gives priority to improvement activities that affect clinical outcomes.
 - 5. Immediately corrects any identified problem that directly or potentially threatens the health and safety of a PACE participant.
- B. Explain how the PACE Organization ensures that all multidisciplinary team members, staff, and contract providers are involved in the development and implementation of QAPI activities and are aware of the results of these activities.
- C. Explain how the quality improvement coordinator encourages a PACE participant and his or her representatives to be involved in QAPI activities, including providing information about their satisfaction or dissatisfaction with provider services.

IV. COMMITTEES WITH COMMUNITY INPUT (' 460.138)

- A. Describe any committee(s) established by the PACE Organization that use community input to: evaluate data collected pertaining to quality outcome measures; address the implementation of, and results from, the quality assessment and performance improvement plan; and provide input related to ethical decision-making, including end-of-life issues and implementation of the Patient Self-Determination Act.

- B. Identify committee members and describe the activities/planned activities of this committee.
- V. ADDITIONAL QUALITY ASSESSMENT ACTIVITIES (' 460.140)

Describe how the PACE organization will meet external quality assessment and reporting requirements, as specified by HCFA or the State administering agency, in accordance with ' 460.202.

Chapter 8 ~ *PARTICIPANT ENROLLMENT AND DISENROLLMENT*

I. ELIGIBILITY TO ENROLL (' 460.150)

- A. How will the PACE Organization ensure that participants are eligible for the PACE Program?
- B. Specify any additional site-specific eligibility conditions proposed.
- C. Specify the criteria used to determine whether or not a participant's health or safety would be jeopardized by living in a community setting.

II. ENROLLMENT PROCESS (' 460.152)

- A. Describe the enrollment and intake processes, including:
 - z staff responsible for explaining the program to potential enrollees;
 - z obtaining appropriate medical information releases;
 - z assuring that care needs and health status are appropriate; and
 - z determining whether participant can be cared for appropriately in a community setting.

Provide interview and/or enrollment scripts, assessment criteria, and other assessment forms utilized by appropriate staff during the enrollment process.

- B. Describe the process used to inform prospective enrollees that they have been denied enrollment and the procedures to inform HCFA and the State of both new enrollments and enrollment denials. Submit copies of form letters and procedures in the Documents part.
- C. Describe procedures the PACE Organization uses to direct prospective enrollees to other sources of care after it has been determined they are not eligible for PACE.

III. ENROLLMENT AGREEMENT (' 460.154)

Submit a copy of the proposed enrollment agreement that includes all items referenced in the regulations in the Documents part.

IV. OTHER ENROLLMENT PROCEDURES (' 460.156)

- A. Submit copies of the following in the Documents part:
 - z the PACE membership card;
 - z emergency information to be posted in the participant's home;
 - z stickers to be applied to the Medicare/Medicaid cards; and
 - z any other relevant materials that are distributed.

- B. Describe the process for ensuring that if there are changes in the enrollment agreement information at any time during the participant's enrollment, the PACE Organization will provide an updated copy of the information and explain the changes to the participant and his or her representative in a manner they understand.

V. VOLUNTARY DISENROLLMENT (' 460.162)

- A. Describe the process of voluntary disenrollment.
- B. Explain the process used to notify HCFA and the State of the effective date of the voluntary disenrollment.

VI. INVOLUNTARY DISENROLLMENT (' 460.164/66)

- A. Describe in detail the process of involuntary disenrollment of participants.
- B. Specify potential reasons for involuntary disenrollment of PACE participants.
- C. Identify the PACE staff members involved in involuntary disenrollment decisions and any safeguards which are in place to protect the rights of beneficiaries in these circumstances.
- D. Describe how the State is notified of a potential disenrollment and the process for providing reasonable advance notice to the participant.

VII. REINSTATEMENT IN OTHER MEDICARE/MEDICAID PROGRAMS (' 460.168)

Describe procedures the PACE Organization uses to direct voluntarily or involuntarily disenrolled participants to other sources of care.

VIII. REINSTATEMENT IN PACE (' 460.170)

Describe the procedures to reinstate participants who have been disenrolled.

IX. DOCUMENTATION OF DISENROLLMENT (' 460.172)

- A. Describe the documentation to verify a participant's voluntary disenrollment. Include a copy of any forms used in the disenrollment process in the Documents part.
- B. Describe how this information is used in the Quality Assessment and Performance Improvement Program.

Chapter 9 ~ PAYMENT

I. PAYMENT TO PACE PROVIDERS (' 460.180-182)

The Medicare and Medicaid monthly capitation payments will be the payment in full for services rendered to PACE participants, with the exception of premiums under certain circumstances.

Please complete the set-up forms to assure HCFA payment; **be sure to sign pages, as indicated.** Complete the file *pacesetu.doc* on the disk and place a hard copy in the Documents part.

II. MEDICARE AS SECONDARY PAYOR

- A. Describe the systems/procedures the PACE Organization will implement under the Medicare Secondary Payor provisions.
- B. Describe the systems/procedures the PACE Organization will use to avoid duplicate payment of health care services.

Chapter 10 ~ DATA COLLECTION, RECORD MAINTENANCE & REPORTING

I. MAINTENANCE OF RECORDS & REPORTING DATA (' 460.200)

- A. Describe the PACE Organization's procedures to collect data, maintain records, and submit reports as required by HCFA and the State.
- B. How will data and records be safeguarded against loss, destruction, or unauthorized use for the longest of the following periods:
 - z Period of time specified in State law.
 - z Six years from the last entry date in the record.
 - z For medical records of disenrolled participants, six years after the date of disenrollment.

II. PARTICIPANT HEALTH OUTCOMES DATA (' 460.202)

- A. Describe the PACE Organization's system to develop, implement, maintain and evaluate an effective data-driven quality assessment and performance improvement program. *(This outcome-based continuous quality improvement system reflects the complexity of services provided by PACE, strives to identify and improve areas of poor performance and consists of (at least) the following five activities: development of outcome indicator; development of outcome measures; assessment and specification of data items and instruments; design and implementation of the feasibility and pilot tests of the measures, data items and the system; and design and refinement of the PACE outcome-based continuous quality improvement system.)*
- B. How does the PACE Organization assure that it will furnish data and information pertaining to its provision of participant care in the manner and at the time intervals specified by HCFA and the State.

III. FINANCIAL RECORD KEEPING & REPORTING (' 460.204-208)

- A. Describe how the PACE Organization's financial records and reports meet the regulatory requirements.
- B. How does the PACE Organization ensure that it will submit quarterly and annual certified financial statements in a format acceptable to HCFA and the State.

IV. MEDICAL RECORDS (' 460.210)

- A. How does the PACE Organization ensure that a comprehensive, complete and accurate medical record maintained in accordance with accepted professional standards will be

maintained for each participant and housed by the PACE Center providing services to the participant. Include:

- z A list of what is contained in the medical record.
- z How copies of medical record information will be promptly transferred between treatment facilities.
- z How the medical record entries will be authenticated by the primary author who has reviewed and approved the entry.
- z How confidentiality of medical record information will be protected.

- B. Provide in the Documents part a copy of the procedures followed by the PACE Organization in the use and release of a participant's medical record information.
- C. Provide in the Documents part a copy of the participant consent form used before releasing personal information that is not required by law to be released.